CONCUSSION INFORMATION SHEET

I hereby acknowledge that I have received the Concussion Information Fact Sheet distributed by Rancho Cordova Little League as required by State of California AB379. HEADS UP CONCUSSION

Parent Name		
Parent Signature		
Date		
Player Name		
Player Signature	 	
, ,		
Player Team Name		





TO LEARN MORE GO TO >> cdc.gov/HEADSUP

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